

Exhibit B

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U.S. BANKRUPTCY COURT
FEDERAL CLERK

United States Bankruptcy Court District of Nevada		PROOF OF CLAIM CHAPTER. 11
In Re (Name of Debtor) USA COMMERCIAL MORTGAGE COMPANY		Case Number CASE NO. BK-S-06-10725-LBR (Lead Case)
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		
Name of Creditor (The person or other entity to whom the Debtor owes money or property) Edward J. Quinn and Darlene A. Quinn		<input type="checkbox"/> Check Box if you are aware that any one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check Box if you have never received any notices from the Bankruptcy Court in this case. <input type="checkbox"/> Check Box if you have never received any notices from the Bankruptcy Court in this case.
Name and Address Where Notices Should Be Sent: 660 NW BROOKHAVEN DRIVE LEE'S SUMMIT, MO 64081		

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR		Check here if this Claim: <input type="checkbox"/> Replaces a previously filed claim, dated: _____ <input type="checkbox"/> Amends a previously filed claim, dated: _____	
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services Performed (Legal Services) <input checked="" type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe Briefly)		<input type="checkbox"/> Retiree Benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number: _____ Unpaid compensation for services performed from _____ to _____	
2. DATE DEBT WAS INCURRED: 2004		3. IF COURT JUDGMENT DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME CASE FILED.			
<input checked="" type="checkbox"/> SECURED CLAIM. Attach evidence of perfection of security interest. Brief Description of Collateral: Real property located in Maricopa County Arizona (Borrower is Freeway 101 USA Investors LLC; Real property located in Santa Clara County, California (Borrower is LCG Gilroy LLC; and Real property located in Broward County, Florida (Borrower is Bay Pompano Beach LLC) <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Briefly Describe):		<input type="checkbox"/> Wages, salaries or commissions (up to \$4,000), * earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Up to \$1,000* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507 (a)(5) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a) _____ *Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment.	
Amount of acreage and other charges at time case filed included in secured claim above, if any <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM: A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input type="checkbox"/> UNSECURED PRIORITY CLAIM. \$ _____ Specify the priority of the claim.			
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$ UNKNOWN (Unsecured) \$ 156,388.48 (Secured) <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		TOTAL \$ 156,388.48	
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: 7/3/06		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Edward J. Quinn Darlene A. Quinn EDWARD J. QUINN DARLENE A. QUINN	

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

USA CMC



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U.S. BANKRUPTCY COURT
FATRICIA J. ...

United States Bankruptcy Court District of Nevada		PROOF OF CLAIM CHAPTER. 11	
In Re (Name of Debtor) USA COMMERCIAL MORTGAGE COMPANY		Case Number CASE NO. BK-S-06-10725-LBR (Lead Case)	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the Debtor owes money or property) Edward J. Quinn and Darlene A. Quinn		<input type="checkbox"/> Check Box if you are aware that any one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check Box if you have never received any notices from the Bankruptcy Court in this case. <input type="checkbox"/> Check Box if you have never received any notices from the Bankruptcy Court in this case.	
Name and Address Where Notices Should Be Sent: 660 NW BROOKHAVEN DRIVE LEE'S SUMMIT, MO 64081			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR		Check here if this Claim: <input type="checkbox"/> Replaces a previously filed claim, dated: _____ <input type="checkbox"/> Amends a previously filed claim, dated: _____	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services Performed (Legal Services) <input checked="" type="checkbox"/> Money Lent <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe Briefly)		<input type="checkbox"/> Retiree Benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number: _____ Unpaid compensation for services performed from _____ to _____	
2. DATE DEBT WAS INCURRED: 2004		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME CASE FILED.			
<input checked="" type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest. Brief Description of Collateral: Real property located in Maricopa County Arizona (Borrower is Freeway 101 USA Investors LLC; Real property located in Santa Clara County, California (Borrower is LCG Gilroy LLC; and Real property located in Broward County, Florida (Borrower is Bay Pompano Beach LLC) <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Briefly Describe):		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4,000), * earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507 (a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a) _____ *Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment.	
Amount of average and other charges at time case filed included in secured claim above, if any: <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM: A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input type="checkbox"/> UNSECURED PRIORITY CLAIM: \$ _____ Specify the priority of the claim.			
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$ UNKNOWN (Unsecured) \$ 156,388.48 (Secured) \$ _____ (Priority) <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		TOTAL: \$ 156,388.48	
6. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 7. SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. TIME-STAMPED COPY- To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: 7/10/06		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Edward J. Quinn Edward J. Quinn Darlene A. Quinn	

DARLENE A QUINN

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571

USA CMC



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UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor NAME OF LOAN		Case Number	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address LOCKER & ROYER R/S JEWELERS 2/10/13 Stephen & Pamela Trustee		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number 822-25-0600 Last four digits of account or other number by which creditor identifies debtor			
Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____			
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		<input checked="" type="checkbox"/> Unremitted principal <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)	
2 DATE DEBT WAS INCURRED		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5) SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral _____ <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ PRINCIPAL + INTEREST 110,000.00 <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 710,000 (unsecured) \$ 100,000.00 (secured) (priority) \$ 110,000.00 (Total) <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		THIS SPACE FOR COURT USE ONLY	
BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245			
DATE 10/17/06		SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). [Signature]	

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company and affiliated debtors		Case Number 06-10725-LBR and related cases	
<p>NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A 'request' for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address Pensco Trust Co. Inc., FBO ROBERT W. HLM IRA # 114006 414 Morning Glory Rd. St Marys, GA 31558		<p>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p>THIS SPACE IS FOR COURT USE ONLY</p>	
Creditor Telephone Number 914 673-6020			
Last four digits of account or other number by which creditor identifies debtor 3748		Check here <input type="checkbox"/> if this claim replaces a previously filed claim dated reserve the right to amend or <input type="checkbox"/> amends	
<p>1 BASIS FOR CLAIM</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned </div> <div style="width: 45%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (describe briefly) False Representation, Negligence, Breach of Fiduciary Duty / SEE ATTACHED </div> </div> <p><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from 08/01/2003 to 08/01/06 (date) (date)</p>			
<p>2 DATE DEBT WAS INCURRED: OCTOBER 2003 - CONTINUING 3 IF COURT JUDGMENT, DATE OBTAINED</p>			
<p>4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.</p> <div style="display: flex;"> <div style="width: 50%;"> <p>UNSECURED NONPRIORITY CLAIM \$ 48,000</p> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. <p>UNSECURED PRIORITY CLAIM</p> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim _____ <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)</p> </div> <div style="width: 50%;"> <p>SECURED CLAIM</p> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ 715,000 Amount of arrearage and other charges at time case filed included in secured claim if any \$ Contingent <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use. 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____)</p> <p><small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p> </div> </div>			
<p>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ Contingent (unsecured) \$ Unliquidated (secured) \$ Claim (priority) \$ _____ (Total)</p> <p><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.</p>			
<p>6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p>			
<p>7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p>			
<p>8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.</p>			
<p>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units).</p> <p>BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 411 El Segundo, CA 90245 0911</p>		<p>THIS SPACE FOR COURT USE ONLY</p> <p>FILED NOV 06 2006</p> <p>BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245</p>	
DATE 11/01/2006	SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) [Signature]		

USA CMC
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